



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 5780

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 09/663,824 | FILING DATE 09/18/2000 RULE | CLASS 370 | GROUP ART UNIT 2662 | ATTORNEY DOCKET NO. 00AB015 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

Kerry W. Vandesteeg, Chagrin Falls, OH;

David A. Vasko, Macedonia, OH;

Joseph A. Lenner, Hudson, OH; Kenwood H. Hall, Hudson, OH;

** CONTINUING DATA *(yes) st* *****

This appln claims benefit of 60/171,439 12/22/1999

** FOREIGN APPLICATIONS *(none) st* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/03/2000

| | | | | | |
|--|--|---------------------------|-------------------------|-------------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Examiner's Signature <i>St</i> Initials | STATE OR COUNTRY OH | SHEETS DRAWING 12 | TOTAL CLAIMS 1917 | INDEPENDENT CLAIMS 2 |
|--|--|---------------------------|-------------------------|-------------------------|----------------------------|

ADDRESS

Rockwell Technologies LLC
 Attention John J Horn
 Patent Dept /704P Floor 8 T-29
 1201 South Second Street
 Milwaukee, WI
 53204

TITLE

Network independent safety protocol for industrial controller

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 690 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|